

CLAIMS ONLY

Application Number:

Filing Date

10/523, 694

**Applicant(s)**

<sup>1</sup> May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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9						
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11						
12						
13						
14						
15	1					
16	1					
17		1				
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49						
50						
Total						
Indep	1					
Total						
Depend.	13					
Total						
Claims	14					

	Indep	Depend	Indep	Depend	Indep	Dep
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Indep						
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Claims						